

# 7<sup>TH</sup> BIENNIAL ISAKOS CONGRESS

# EXHIBIT CONTRACT

OSAKA, JAPAN • APRIL 5-9, 2009

DEADLINE: OCTOBER 1, 2008

## 1. EXHIBITOR MAILING ADDRESS (PLEASE PRINT CLEARLY)

COMPANY NAME

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

WEBSITE

## 2. CONTACT PERSON(S) (to whom all information will be sent)

NAME

DIRECT PHONE NUMBER/EXT.

EMAIL

## 3. BOOTH SPACE RESERVATION

**FOR PRIORITY PROCESSING COMPLETE THE ONLINE EXHIBIT APPLICATION.** [www.isakos.com/meetings/2009congress/exhibit.aspx](http://www.isakos.com/meetings/2009congress/exhibit.aspx)

Please refer to the floor plans and indicate your top 4 booth choices, in order of preference. Booths that measure 3m x 3m cost US \$5,300 for inline and US \$5,700 for corner. Two exhibitor registrations are included with every 3m x 3m booth. PAYMENT MUST BE RECEIVED BY OCTOBER 1, 2008, TO GUARANTEE SPACE. A fee of 50% of the total booth fee will be charged to cancellations received in writing prior to December 31, 2008. Cancellations received after January 1, 2009, will not receive a refund.

1st Choice Booth No.(s)

Price (US Dollars)

3rd Choice Booth No.(s)

Price (US Dollars)

2nd Choice Booth No.(s)

Price (US Dollars)

4th Choice Booth No.(s)

Price (US Dollars)

Exhibitor assumes responsibility and agrees to indemnify and hold harmless the International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine; Congress Corporation; Osaka International Convention Center and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises or services.

The exhibitor understands that neither the International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine; Congress Corporation; Osaka International Convention Center maintain insurance covering the exhibitor's property, and it is the sole responsibility of the exhibitor to obtain such insurance.

The exhibitor agrees to comply with the ISAKOS policy on FDA clearance and agrees to display signage indicating FDA status and with all of the terms and conditions in the Exhibitor Prospectus, which is incorporated herein by reference.

SIGNATURE OF AUTHORIZED EXHIBIT COMPANY REPRESENTATIVE

PRINT NAME

DATE

## 4. METHOD OF PAYMENT (contact the ISAKOS Office for wire transfer information) (FULL PAYMENT DUE BY OCTOBER 1, 2008)

**MAIL THIS FORM AND PAYMENT TO:** ISAKOS, 2678 Bishop Drive, Suite 250, San Ramon, CA 94583 USA

**OR FAX THIS FORM TO:** Fax this form with credit card information to: +1 (925) 807-1199

Check (make check payable to ISAKOS in U.S. dollars drawn on US bank)

VISA

MasterCard

American Express

CARD NUMBER

CCV#

NAME (AS IT APPEARS ON CARD)

EXP. DATE

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT)

DATE

5. TOTAL \$ \_\_\_\_\_